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## ORAL ENDOTRACHEAL INTUBATION - ADULT

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### FIELD ASSESSMENT/TREATMENT INDICATORS

Non-responsive and apneic

Agonal or failing respirations, no gag reflex

When prolonged ventilation is required and adequate ventilation cannot otherwise be achieved

Procedure may be **initially** contraindicated with suspected ALOC per Protocol Reference #5007 Altered Level of Consciousness/Seizures

### PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization as needed for suspected neck injury.
2. Immediately prior to intubation, consider prophylactic Lidocaine 1.5mg/kg IV for suspected head/brain injury
3. Select appropriate cuffed tube, and pre-oxygenate. Cricoid pressure should be applied during intubation to protect against regurgitation of gastric contents.
  - a. Visualize the epiglottis and vocal cords with the laryngoscope. Insert the endotracheal tube until the entire balloon is 2cm past the vocal cords. Placement efforts must stop after twenty (20) seconds for ventilation
  - b. Inflate the balloon with air to the point where no air leak can be heard, listen to breath sounds and resume ventilation with 100% oxygen and secure the endotracheal tube
  - c. Monitor end-tidal CO<sub>2</sub> and/or pulse oximetry and suction the trachea when necessary
  - d. Document verification of tube placement
4. If unable to place ET after a maximum of three (3) intubation attempts and if unable to adequately ventilate patient via BVM or ETAD consider needle cricothyrotomy per protocol Reference #4030 Needle Cricothyrotomy.

### DOCUMENTATION

Upon arrival at the receiving hospital, the Advanced Skills Evaluation Form on the back of the yellow copy of the O1A Form or electronic equivalent must be filled out and signed by receiving physician. This form must then be forwarded to ICEMA within one week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.

In the event the receiving physician discovers the ET is not placed in the trachea, an Incident Report must be completed and forwarded to ICEMA within one week by the EMS/QI Coordinator/PLN.